Contract Manager and Location/Building: <u>KYISH</u> BYDESSE Contract #: <u>201</u>42043

### Amendment No. 2 to the

#### Agreement Between

### Michigan Department of Community Health

and

#### Real Alternatives

for

#### Michigan Pregnancy and Parenting Support Services Program

### 1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through September 30, 2015. This agreement is in full force and effect for the period specified.

## 2. Program Budget and Agreement Amount

This amendment does not change the total or Depatment's original agreement amount.

#### 3. Amendment Purpose

The purpose of this amendment is to extend the end date from January 31, 2015 to September 30, 2015. In addition, Attachment C contains reporting periods to match the new agreement end date.

# 4. Original Agreement Conditions

It is understood and agreed that all other conditions of the original agreement remain the same.

# 5. Special Certification

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

# 6. Signature Section

For the Michigan Department of Community Health

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Kristi Broessel, Director Grants and Purchasing Division	 Date
For the GRANTEF	

Name (print)

Name (print)

Title (print)

ignature Date

#### ATTACHMENT C

#### PERFORMANCE / PROGRESS REPORT REQUIREMENTS

- Α. The Contractor shall submit the following reports on the following dates:
  - 1st Quarter Period 10/1/13 12/31/13 Due 2/14/14 1.
  - 2<sup>nd</sup> Quarter Period 1/1/14 3/31/14 Due 5/15/14 2.
  - 3<sup>rd</sup> Quarter Period 4/1/14 -6/30/14 Due 8/15/14 3.
  - 4th Quarter Period 7/1/14 9/30/14 Due 11/14/14 4.
  - 5. 5<sup>th</sup> Quarter Period 10/1/14 - 12/31/14 - Due 1/31/15
  - Monthly Period 1/1/15 1/31/15 Due 2/28/15 6.
  - 7.
  - 6<sup>th</sup> Quarter Period 2/1/15 3/31/15 Due 4/30/15 7<sup>th</sup> Quarter Period 4/1/15 6/30/15 Due 7/31/15 8.
  - 8<sup>th</sup> Quarter Period 7/1/15 9/30/15 Due 10/31/15
- B. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Contractor as required by the Contract Manager.
- C. Reports and information shall be submitted to the Contract Manager at:

Brenda Fink, Director Family and Community Health Division Michigan Department of Community Health 109 W. Michigan Lansing, MI 48913

- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.
- E. The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.